IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

4/11/2018

Date

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state				
For office us	e only	374		
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DEPARTMENT	OR OFFICE	RECEIVING THE	GIFT OR	BEQUEST:
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DHS Glenwood Resource Center			
Name of Department or Office 711 South Vine Street Gleny	Glenwood, IA 51534		
Mailing Address City,	City, State, Zip Code		
712-525-1252 Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	1		
CONTACT PERSON FOR REGIFTERT DEL ARTHERT GROTTES			
Ruth Messinger			
Name			
Mailing Address (if different from above)	City, State, Zip (If different from above)		
rmessin@dhs.state.ia.us	712-525-1683 Area Code & Telephone Number (If different from above)		
Email Address	Area Code & Telephone Number (it official from doors)		
DONOR OF GIFT OR BEQUEST:			
DONOR OF GIFT OR BEGOEDT:	¬		
Diana Sayers			
Name			
1961 Grand Ave Council Bluffs, IA 51503	\$25.00		
Mailing Address City, State, Zip Code	4/4/2018 \$25.00		
	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Address (optional)	Toceward department of oness in the		
Email Address (optional)			
Provide a description of the gift or bequest and purpose thereof:			
	actional department for use by Individuals residing at		
Crochet hooks, yarn, material and other supplies to vo	cational department for use by individuals residing as		
Glenwood Resource Center			
Criteria to use this form:			
	ate as a seriord by the Coverger on hehelf of the state		
Receipt of any gift or bequest that is received by any department of the st	ale of received by the Governor on behalf of the state.		
Statement of Affirmation:			
Ruth Messinger atom that the gift or bequest reported shows	is accurate. I further affirm that the information concerning the donor and		
affirm that the gift or bequest reported above assessment of the fair market value (if applicable) is correct and true to the b	est of my knowledge.		
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